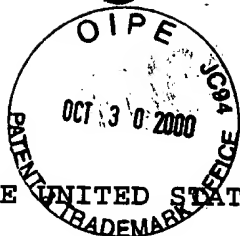


PATENT



Atty. Docket No. P-23,090-B USA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of: Bruce K. Redding, Jr., et al.

Title: PROCESS AND APPARATUS FOR PRODUCING DIETARY FIBER PRODUCTS

Application No.: 09/360,262

Group Art Unit: 1761

Filed: July 26, 1999

Examiner: K. Hendricks

* * * * *

CERTIFICATE OF MAILING

I hereby certify that this correspondence, along with any papers indicated as being enclosed, are being deposited as First Class Mail in an envelope addressed to: Commissioner for Patents, Box RESPONSE - FEE, Washington, D.C. 20231, on October 27, 2000.

October 27, 2000
Date

Deborah L. Fowler
Deborah L. Fowler

* * * * *

Commissioner for Patents
Box RESPONSE - FEE
Washington, DC 20231

RECEIVED
10/31/00
TC 1700 MAIL ROOM

REPLY TRANSMITTAL LETTER

Sir:

Transmitted herewith is a Reply and Amendment under 37 CFR §§ 1.111 and 1.115 in the above-identified application.

[XX] Small Entity status of this application pursuant to 37 C.F.R. § 1.9(f) and § 1.27(b) has been established by a Verified Statement previously submitted.

[] A Verified Statement to establish Small Entity status pursuant to 37 C.F.R. § 1.9(f) and § 1.27(b) is enclosed.

[] Declaration pursuant to _____ is enclosed.

PATENT

Atty. Docket No. P-23,090-B USA

[XX] Applicants hereby petitions for a three-month extension. A check in the amount of \$445.00 to cover the cost for the extension is hereby enclosed.

[] It is believed that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a Petition for Extension of Time under 37 C.F.R. § 1.136(a).

The fee has been calculated as shown below:

CLAIMS AS FILED						
Number filed		Number Extra		Rate (Sm. Ent)		Fee
Total						
Claims 37 CFR 1.16(c)	15-20	0	X	9.00		0.00
Independent						
Claims (37 CFR 1.16(b))	5-5	0	X	40.00		0.00
Multiple dependent claim(s), if any				135.00		
Total Fee:						\$ 0.00

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

[XX] No additional fee is required.

[] Please charge my Deposit Account No. 19-5425 in the amount of \$_____. Two copies of this sheet are enclosed.

[] A check in the amount of \$_____ to cover the filing/extension fee is enclosed.

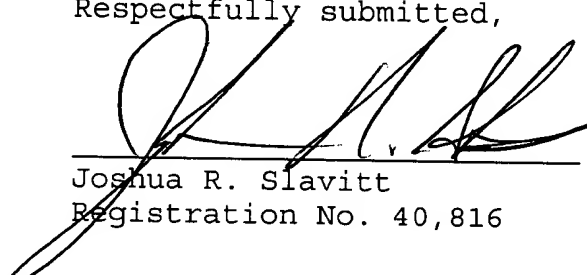
PATENT

Atty. Docket No. P-23,090-B USA

[XX] The Commissioner is hereby authorized to charge any deficiency in fees associated with this communication, or credit any overpayment, to Deposit Account No. 19-5425. Two copies of this transmittal are attached.

Respectfully submitted,

October 27, 2000
Date


Joshua R. Slavitt
Registration No. 40,816

Enclosures

SYNNESTVEDT & LECHNER LLP
2600 ARAMARK Tower
1101 Market Street
Philadelphia, PA 19107
Telephone: (215) 923-4466
Facsimile: (215) 923-2189

M:\JSlavitt\Verion\23090-b usa\response transmittal -extn